

Cross Connection Control & Backflow Prevention Test Form City of Williamsburg Codes Compliance Division

Mail completed, original test form to: (1 form per each device)

City of Williamsburg
Codes Compliance Division

401 Lafayette Street Williamsburg, VA 23185

Name of Premises:				
Service Address:				
Use & Location of Device:				
Device:				
Manufacturer	M	odel Size		Serial Number
Line Pressure at Time of Test:	psi	_ psi Existing/Replacement/New Device (circle one)		
Reduced Pressure Device	Requirements	Initial Test	Repairs	Retest
Check Valve #1	Closed tight?	Yes/No (circle one)		Yes/No (circle one)
Pressure drop across Ck. Valve #1	min. of 5.0 psid	psid (A)		psid
Check Valve #2	Closed tight?	Yes/No (circle one)		Yes/No (circle one)
Differential Pressure	Must open at	Opened at		Opened at
Relief Port	min. of 2.0 psid	psid (B)		psid
Pressure Buffer	A - B = or $> 3.0 \text{ psid}$	psid		psid
Double Check Valve Device	Requirements	Initial Test	Repairs	Retest
Check Valve #1	Closed tight at a	Yes/No (circle one)		Yes/No (circle one)
	min. of 1.0 psid?	psid		psid
Check Valve #2	Closed tight at a	Yes/No (circle one)		Yes/No (circle one)
	min. of 1.0 psid?	psid		psid
Pressure Vacuum Breaker	Requirements	Initial Test	Repairs	Retest
Air Inlet	Opened at a	Yes/No (circle one)		Yes/No (circle one)
	min. of 1.0 psid?	psid		psid
Check Valve	Closed at a	Yes/No (circle one)		Yes/No (circle one)
	min. of 1.0 psid?	psid		psid
Remarks:				
Testing Company:	Phone Number:			
Company Address:				
License Number:	Expiration Date: City of Certification:			
Certification: I have made the satisfactorily and me	above test and hereby c eets all federal, state an		-	
Tester Name:				
(Print)		(Signature)		(Date)